

SANDWICH COMMUNITY UNIT SCHOOL DISTRICT #430

PROFESSIONAL MEETING REQUEST

NOTE: Do not use staples – paper clip only

This form should be submitted with a completed registration form for the requested meeting.

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

Meeting Name: \_\_\_\_\_ Dates of Meeting: \_\_\_\_\_

Location: \_\_\_\_\_ # of school days absent: \_\_\_\_\_

Reason for attendance \_\_\_\_\_

ESTIMATED MEETING EXPENSES

Registration (Do not register until fully approved by Principal & Supt. – attach only the completed registration form)

Send to: \_\_\_\_\_ Date Due \_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lodging (Do not register until fully approved by Principal & Supt. – attach only the completed registration form)

Hotel: \_\_\_\_\_ Date Due \_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food

# of Breakfasts \_\_\_\_\_ ( x \$10 maximum) Amount \$ \_\_\_\_\_  
# of Lunches \_\_\_\_\_ ( x \$10 maximum) Amount \$ \_\_\_\_\_  
# of Dinners \_\_\_\_\_ ( x \$15 maximum) Amount \$ \_\_\_\_\_

Travel

Estimated # of miles round trip from your building \_\_\_\_\_ (per policy) Amount \$ \_\_\_\_\_

Miscellaneous (tolls, tips, parking etc.)  
Description \_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_ Amount \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES Amount \$ \_\_\_\_\_

Principal Signature \_\_\_\_\_

Superintendent \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Note: Return all copies to Central Office. The signed pink copy will be returned to the teacher.

White – C.O. , Yellow – File, Pink - Teacher